Γο be	submitted within one month of sterilization by DQAC and sent to state)	
	of the District - Akola	
	Details of the deceased	
1	Name	Mrs Shital Ranjeet Surwade
2	Age	24yr
3	Sex	Female
4	Name of Spouse (his or her age)	Ranjeet Bandu Surwade
5	Address of the deceased	Yawalkhed akola
6	Number of living children( with details concerning age and sex)	4yr male and 16day female
7	Whether operation was performed after delivery or otherwise	LSCS with TL
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	12.9.22
9	Whether tubectomy operation was done with MTP	
10	Whether written consent was obtained before the operation	Yes D/M/Y12/9/2022
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	elective LSCS with TL
	Details of operations	
12	Place of operation	DHW AKOLA
13	Date and time of operation (D/M/Y)	13/9/2022 time11.20 to 11.50AM
14	Date and time of death (D/M/Y)	29/9/2022 time1.30am
15	Name of surgeon	Dr. Archan Sherekar
16	Whether surgeon was empanelled or not	Yes
17	If the operation was performed at a camp who primarily screened the client clinically	NA
18	Was the centre fully equipped to handle any emergency complications during the procedure?	Yes
19	Number of clients admitted and number of clients operated upon on the	Admitted -
1)	day of surgery	Operated -
20	Did any other client develop complications? If so, give details of complications?	NO

	Anaesthesia/Analgesia/Sedat	ion
21	Name of the Anaesthetist, if present	Dr Vaidya
22	Details of anesthesia drugs used	inj.Bupivacane 0.5% 2cc
23	Types of anesthesia/analgesia/sedation	Spinal Anesthesia
24	Post-operative complications (according to sequence of events)	NIL
	A. Details of symptoms and signs	
	B. Details of laboratory and other investigations	
	C. Details of treatment given, with timings,dates, etc from time of admission until the death of client	

ı	Details of Death Audit	
25	Cause of death (Primary Cause)	
26	Has postmortem been done? If yes, attach the post mortem report	YES
27	Whether first notification of death was sent within 24 hours	Yes/NoYES If not, give reasons
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	
29	In opinion of the chairman of DQAC, was death attributable to the sterilization procedure	
30	What factors could have helped to prevent the death?	
31	Were the sterilization standards established by GOI followed?	YES
32	Did the facility meet and follow up the sterilization standards established by GOI? If no list the deviation(s)	YES
33	Additional Information	
34	Recommendations made	
35	Action proposed to be taken	

Name :-Date :- Signature :-

# Annexure - 14 (ProformaforConducting Audit of Death)

(Tobe submitted within one month of sterilization by DQA Candsent to state)

Nameofthestate/District/UnionTerritory. Tighasauhtse/alwasaga695......

Whetherop	Numberoffi detailscone	NameofSpeusefulsor h Addressofthedeceased	Name
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Yes/No Yes	YELL POSTERIAL ASSESS	Test/No	Daniel Anna	100	0-1-4	17		At comp we	D/M/Y	, and	750
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Didanyotherclientdevelop complications?If so,givedetailsof	Numberofclientsadmittedand numberofclientsoperateduponon
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	C. Details of treatment a timings, dates, etc from the until the death of client	A. Details of a B. Details of la investigations	Post-operative complications (according to sequence of eve	Types of anest	Name of the Details o
Marchael Officer	C. Details of treatment given, with timings, dates, etc from time of admission until the death of client	A. Details of ayapptoms and signs B. Details of laboratory and other investigations	Post-operative complications (according to sequence of events)	Types of anesthesia /analgesia/ sodation	Name of the Anaesthetist. If present Details of anesthesia drugs used
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Didthefacilitymeetandfollowup thesterilizationstandards establishedbyGOI7If no listthe deviation(s)	Werethesterilizationstandards establishedbyGOlfollowed?	Whatfactorscouldhavehelpedto preventthedeath?	InopinionofthechairmanofDQAC, wasdeathattributableto the sterilizationprocedure	DetailsoftheofficersfromDistrict QualityAssuranceCommittee (DQAC)whoconductedtheurquiry	Whetherfirstnotificationoideath wassentwithin24 hours.	Haspostmortembeendone?If yes,	Causcoldeath(PrimaryCause)	F-10-100
	Yes/No		Yes/No		Yes/NoYes.	Yak.		(A#1)(CO)(100##)

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		Actionproposed to betaken	Recommendationsmade	AdditionalInformation

hate ....... Signature.....

Note:IfanymemberoftheSQAC/DQAChasperformedtheoperation,he/sheshouldrec

umself/herselffromtheproceedingsofthisaudit

### Annexure - 14 (Proforma for Conducting Audit of Death)

(To be sufposited within our month of eterplication by DQAC and next to state) Name of the state Discount

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A-k-sel Designation - District Models Officer
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Note: If any investigat of the SOAC/DIGAC has personned the reposition, factor, should encode frime-fig turned must be proceedings of the sould.

n Death	4,12,105. ml			noccepte Th. J. collag	IR Th
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District Deat of F Name of resident	Date & Tim Place of Op a) PHC	d) Dist	i) Pvt.	Converi	TABLE, a

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Name of Members	Designation
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HON DR S.S. SHEELINE	SECRATORY
3 DR DAYAMAND MOTIPAWALE	CIVII, BURGEON
DR. WAZI	WENNER, MCHANIC ABD
5 DR MUDHKEDKAR	GYNECOLOGIST
6 DR. BARASAHEB SHINDE	SURGEON
7 DR. PRADEEP KULKARNI	ANESTHETISTT
II DR MAHESH KESALE	PATHODIST
B D. ABHAY DHANDRKAR	(АБНО
10 DR. REKHA BHANDHARII	ононо
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## Proforms for Conducting Audit of Death

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Sub-District Hospital Degreek

# Annexure - 14 (ProformaforConducting Audit of Death)

 $(To be\ submitted with in one month of sterilization by DQA Candsent to state)$ 

Nameofthestate/District/UnionTerritory....

### Detailsofthedeceased

SACRED .	Name	BHAGSHRI ANKUSH TARFE
2	Age	Female/MaleFEMAL
3	Sex	ANKUSH SAMBHAGI TARFE
4	NamoorSpousethisor.hempol	HARSHI TQ: PUSAD
5	Addressorthedeceased Numberoflivingchildren(with	4. 0700000000000000000000000000000000000
6	detailsconcerningageandsex)	
-	Whitheroperationwasperformed	INTRVEL MC-1/07/2022

991	THE RESIDENCE OF THE PARTY OF T	24
8	If after delivery Date of delivery Place of delivery Type of delivery Person who conducted the delivery	
9	Whether tubectomy operation was done with MTP	NO
10	Whether written consent was obtained before the operation	D/M/Y12/07/2022.
11	Whether the operation was done at a camp or as a fixed day static procedure at the institution	CAMP FIXED DAY
in spine	Details of o	pperations
12	Placeofoperation	SDH PLSAD
13		13/07/2022 AT 11.15AM
14		18/07/2022 AT FLOU AM
15	Nameofsurgeon	DR. MINAL M. BHELONDE
16	Whethersurgeonwasempanelledor	Yes/NoYES WORKING AS MO IN SOF
17	If theoperationwasperformedat a campwhoprimarilyscoeenedthe	CAMP
18	Wastbecentrefullyequippedto handleanvemergeneveomplications	Yes/NoYES

19	Numberofclientsadmittedand numberofclientsoperateduponon	
200	Didanyotherdientdevelop complications?If so,givedetailsof	NO COMPLICATION TO OPRATION

1	Anaesthesia/Analgesia/Sedation	
21	Name of the Anaesthetist, if present	
22	Details of anesthesia drugs used	
23	Types of anesthesia/analgesia/andation in constitution	
24	Post-operative complications (according to sequence of events)	
	A. Details of symptoms and signs	
	B. Details of laboratory and other investigations	
	C. Details of treatment given, with simings dates, etc from time of attenuation until the death of client	

		ofDeathAudit
25 26	Cruscofdeath(PrimaryCause) Haspostmortembeendone?If yes,	NOT KNOWN YES
27	Whetherfirstnotificationofdeath wassentwithin24 hours	Yes/NoNO
28	Details of the officers from District Quality Assurance Committee (DQAC) who conducted the enquiry	
9	InopinionofthechairmanofDQAC, wasdeathattributableto tius sterilizationprocedure	Yes/No.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Whatfactorscouldhavehelpedto preventthedeath?	
	Werethesterifizationstandards establishedbyGOIfoliowed?	Yes/No
	Didthefacilitymeetandfollowup thesterilizationstandards establishedbyCOEH no listible deviation(s)	

himself/herselffromtheproceedingsofthisaudit. Note:IfanymemberoftheSQAC/DQAChasperformedtheoperation.he/sheshouldrecuse

### Annexure - 14.

# Proforms for Conducting Audit of Death

The the maltered world is some recentle of encollection by DQAC and sent to state!

Name of the stand transaction of the record. Change page.

	Orbita of the destrict			
-1	Name	Mrs. Serii Panin shrule		
7	Age	25.41		
3	Side	(Newsorth)		
3	Name of Species (November 1921)	Mr. Province Doglandh, Charles		
×	Addition of the decement	when the the sale post of the sale control and control post of the sale control of the sale of the sal		
	Principles of living children with details consuming ago and non-	Secole - 1 ( 1 to Trems) our pulgts		
Ĭ	Whether approximation was performed when delivery or otherwise.	After delivery		
	Extensively  Date of delivery Place of delivery Type of delivery Percologies conducted the followy	CARTESTAN CONTRACTOR		
*	Wester to become operation our diseases.	-340		
.10	Whether letitles consults to a atmosphil before the appropriation.	cost/V - >		
10	Whither the operation was done it a conty-reason afficient day station proceeding at the procedure of the pr	As a fixed step static prevalence of the controlling		
	0	luda ef aperations		
11	Place of operation	One Margala		
В	One and time of operation (D/M/Y)			
16	Own and their of death (D/NEY)			
15.	Newcofautgener	Dr. Sandest Manidon		
16	Whichler surgeron was empained or ner	PACIENT STREET, STREET		
tř.	If the representative professional et a using who protocolly storeach the often elementy	Medical Officery		
11	Was the centre fully equipped to bendly any emergency complications during the prescribate?	Yana Mar.		
	Number of classes admitted and number of classic operator upon on the sky of onegacy	i c		
D.	Did sep seber client develop complications? It so give details of complications?	No.		

	Atlesa	ela Analyssia Se fallon
111	Surrey of the Assemble Lot, if present	1474
, 11	Details of searciferia drugs used	0.10
. 25	Types of analysis and analysis and allowed and analysis analysis and analysis analys	uA
34	Protoprostive complications: [accessibling to sugarnate of practic) A. Details of equipments and signs	
	H. Details of Liberptory and Jehry Directoration	
	C Details of total pure grows, with treatings, fates, etc from tiese of advectory partit the algority of chara-	
	the c	Heart Oracle Agence
28.	Caste of Acuts (Primary Chine):	Tank II. C. LELL & Drawfisheling
70	Management on Pean Amount (see, Math the post morrows report	Ha
#1	Piterber Strat referensisseren i daathe was met willing St. Imare	Set Tile. If high piles engages.
23	Details of the officers from Discuss Quality Assurance Constitute (DQSC) who conducted the country	Dr. Freek Right Storpering Descriptions Land Back Store Control of Store C
.24	In options of the charmon at DASAC, was charts as illustrations of a steril called procedure	Visitive Man
30.	What factors could have belged to prevent the dealer	Were Williams to the winds
11	None the identituation manufacts extend to GOO followed?	Tes tar
22	Dist the lacing event and tolknown; the medication standards established by GOO III must be declarated;	445
33	Additional Information	The state of the s
34	Recommendation made	CEE of all the higher overlighten
31	Author progressed to be token	

Name D. P. P. Heh-lks

Designation TRIVED

Stignature...

Note: If any exember of the SQAC/OQAC has performed the operative habite should reconformall/Jecoeff from the precondings of thin wells.

-		
	Log contitue from over the second of the second sec	or how you which the great occurred in hypothesis for any of the district quality associates formed the CDQAC to be provided to replace the
200	Date of the report (UAUY)	
H	The control of the second of t	06 / 1013
Ы	A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	13, 19 2027
10	DESCRIPTION OF THE PROPERTY OF	DOUGHONG ASON CHAMIFMANY
ij	1.0	E C YOU
_	Address of the decisions	Fortifle Main F. E. W. M. Far
Š	Address of the decrined	At Ninethers of Internal proteins
	The state of the s	
*	Where primarilate performed (specify the name of the v(n)   (it) Tell the entire.	* Carry Digital in life to the property of a Property of the Common County of Parties of the County
	Type of proveniero  A. Ferrato Sumbinetteri (II) Del plangino	Proportion - Definitio for layouty     No. 10. If a vig out
	H. Male Sterikaster. IF: Tid-Herseline	Kinevaretiesd     NSV
	C. Other water MEDIC Survey (If A Year Annual Annua	Yen/Ye
6	David merikasian prisoduse	DINOY 1.3 / 10 / 2072
**************************************	Despites in detail what happened is brookingted order. Include of symptome and signs and describe of scripes Educated stating the section of softening the completeness in his first intitial fertilitation of the problem used the rescripts among well be problem used the rescripts among the state problem used the rescripts among the structure put date of each modern's Use at appropriate orbitions that is justed if more space is	Property and their est of to be and desperting and the service of
	equired)	children bet bistomorphism.
40	Philip of chiatri	to the distance of the first of the second state of the second state of the second sec

Ī	4	Postmertent examinations performed!	Yes/No
i	m	Name and designation of surgeon who performed the purification	dense of the sixt in Decker
	N.	Nathr and Institution where death occurred	character tellage 4 Ho tartal
	7	Name and designation at reporting officer	Dr. priyanta in Lieute (MARC -15 1824)

Name Dr. Brigants G. Malto

Heriganian Scarl it Kelliken P